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CENTRAL FAX CENTER**JUL 26 2006****DATE:** July 26, 2006**PTO IDENTIFIER:** Application Number 10/629011-Conf. #4612
Patent Number**Inventor:** Yasushi KOJIMA et al.**MESSAGE TO:** US Patent and Trademark Office/ MS Amendment**FAX NUMBER:** (617) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
Anthony A. Laurentano/WEW/cfo**PHONE:** (617) 227-7400**Attorney Dkt. #:** NGW-009**PAGES (Including Cover Sheet):** 13**CONTENTS:** Fee Transmittal (1 page in duplicate)
Transmittal (1 page)
Amendment/Reply (7 pages)
Terminal Disclaimer (1 page)
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JUL 26 2008

PTO/SB/97 (08-04)

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Application No. (if known): 10/623011

Attorney Docket No.: NGW-009

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on July 26, 2008
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Fee Transmittal (1 page in duplicate)
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PTO/SB/17 (12-04v3)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	130.00	Complete if Known
			Application Number
			Filing Date
			First Named Inventor
			Examiner Name
			Art Unit
			Attorney Docket No.

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☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360

Total Claims - 20 = x = **Fee Paid (\$)**

Indep. Claims - 3 = x = **Fee Paid (\$)**

3. APPLICATION SIZE FEE

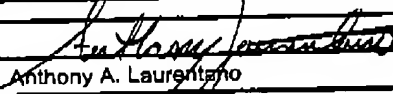
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 130.00

Other (e.g., late filing surcharge): 1814 Statutory Disclaimer

SUBMITTED BY		Registration No.	38,220	Telephone	(617) 227-7400
Signature		(Attorney/Agent)		Date	July 26, 2006
Name (Print/Type)	Anthony A. Laurentino				

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Anthony A. Laurentino

PTO/SB/21 (09-04)

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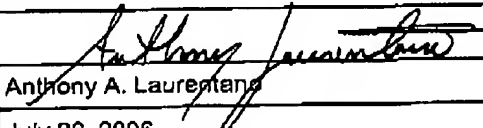
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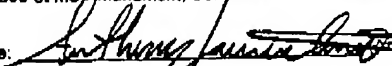
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/623011-Conf. #4812
	Filing Date	July 17, 2003
	First Named Inventor	Yasushi KOJIMA
	Art Unit	1745
	Examiner Name	C. K. Lee
	Attorney Docket Number	NGW-009
Total Number of Pages in This Submission		

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Anthony A. Laurentano		
Date	July 26, 2006	Reg. No.	38,220

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Dated: July 26, 2006	Signature:  Anthony A. Laurentano